

cuffs are lacking. We do not know any report in the literature by an experienced neuropathologist demonstrating perivascular microglial lesions with subsequent demyelination in the brain within the first 20 months of life (see Fiedler¹ and Thormählen²).

The lack of "perivascular demyelination" therefore does not exclude postinfectious encephalopathy following measles vaccination. Single cases of this kind have already been reported.³ Also, the assumption by Dr. Murphy that Dr. Pestri's patient "did not have a post-infectious encephalitis but a non-specific encephalopathy which was probably purely coincidental or possibly triggered by the administration of the vaccine" does not appear to be realistic.

The same arguments could be raised in regard to a child under 2 years of age who develops encephalopathy after smallpox vaccination that does not show the typical picture of Bastiaanse-Lucksch disease. If other possible agents that might have caused the illness are excluded—which was here the case—and if the incubation time is typical (4-18 days after vaccination), the conclusion that it was a postvaccinal complication has to be accepted.

Such a rare accident should not deter us from performing measles vaccinations. Nevertheless, we must attend to reports of that kind from a general practitioner to evaluate the pros and cons of measles vaccination.

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REFERENCES

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2. THORMÄHLEN, P.: *Beitr. Path. Anat.*, 119: 285, 1958.
3. KIMA, T., STARKE, G. AND HANTSCH, H.: *Deutsch. Gesundheitsw.*, 20: 1714, 1965.

To the Editor:

I read with interest Dr. Ehrengut's letter. His point that the brain at 14 months of age may not develop typical pathological changes demonstrable in older children may or may not be valid. The changes found in the brain depend very much on the stage of the illness at which the patient dies or a biopsy specimen is obtained. Fortunately, though drawing from a population of 4,000,000 we have had very few deaths due to post-measles encephalitis, and only one death possibly related to smallpox vaccination, so that our experience is limited.

Convulsions have been known to occur at the time of the expected febrile response to the live measles vaccine. This is probably related to the invasive stage of the virus and, as with the measles virus itself, the phenomenon is relatively benign and unlike the post-infectious encephalitis which has high morbidity and significant mortality.

The patient reported by Dr. Pestri developed an illness probably coinciding with the invasive stage of the live measles vaccine, but the course was much more that of acute infantile hemiplegia and most

unlike the encephalitis due to measles. That this child's illness may be related to the vaccine has been acknowledged, but I do not feel that this illness can be called encephalitis.

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To the Editor:

In the list of general hospitals approved by The Canadian Medical Association for junior intern training, published in the issue of September 10, 1966 (*Canad. Med. Ass. J.*, 95: 589, 1966), Victoria Hospital in London, Ontario, is listed as having no university affiliation. In actual fact, Victoria Hospital is the principal teaching hospital of the University of Western Ontario, and about 50% of all the clinical teaching is done here.

Regarding our teaching beds, in a recently prepared brief being submitted to the Ontario Government, Victoria Hospital is listed as having 936 beds plus 72 bassinettes, a total of 1008. Of the 936 beds, 402 are in clinical teaching units, 329 are listed as modified teaching beds (patients under the care of consultants on the University staff and thus used for teaching of residents, interns and students), and 205 community beds. Of the 402 clinical teaching unit beds, the distribution is as follows:

Medicine (including renal, isolation, rehabilitation, neurology and one-half of the intensive care unit)	— 133
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Surgery (including general cardiovascular; genitourinary; eye, ear, nose and throat; and pediatric surgery)	— 126
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Pediatrics	— 30
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Obstetrics	— 15
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Gynecology	— 15
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Psychiatry	— 30
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Cancer	— 53
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Of the 329 modified teaching beds, the breakdown is as follows:

Medicine	— 74
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Surgery	— 149
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Obstetrics	— 45
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Gynecology	— 19
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Pediatrics	— 42
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Of the bassinettes, 54 are listed as teaching beds in clinical teaching units.

We hope that the above information will be of interest to your readers.

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